



Medicare Summary Notice

June 15, 1998

BENEFICIARY NAME
STREET ADDRESS
CITY, STATE ZIP CODE

CUSTOMER SERVICE INFORMATION

Your Medicare Number: 111-11-1111A

If you have questions, write or call:

Medicare
555 Medicare Blvd.
Suite 200
Medicare Building
Medicare, US XXXXX-XXXX

Local: (XXX) XXX-XXXX

Toll-free: 1-800-XXX-XXXX

TTY for Hearing Impaired: 1-800-XXX-XXXX

HELP STOP FRAUD: Beware of door-to-door sales of Medicare services.

This is a summary of claims processed on 06/15/1998.

PART B MEDICAL INSURANCE - OUTPATIENT FACILITY CLAIMS

Dates of Service	Services Provided	Amount Charged	Non-Covered Charges	Deductible and Coinsurance	You May Be Billed	See Notes Section
Claim number 12435-84956-84556-45621						
Medicare Memorial, 167 Medicare Blvd, Medicare, TX 75602						
Referred by: Dr. M.D.						
01/28/98-01/28/98	Physical Therapy	\$134.00	\$0.00	\$106.80	\$106.80	a,b

Notes Section:

- a Your claim information has been forwarded to your supplemental insurer.
- b \$100.00 was applied to your Part B deductible for 1998.

Deductible Information:

You have met the Part B deductible for 1998.

General Information:

If you were offered free items or services but Medicare was billed, please call your local Customer Service at (XXX) XXX-XXXX.

THIS IS NOT A BILL - Keep this notice for your records.

Continued EXHIBIT 4 - Deductible Applied

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Appeals Information - Part B (Outpatient)

If you disagree with any claims decision on this notice, you can request an appeal by December 15, 1998.

Follow the instructions below:

- 1) Circle the item(s) you disagree with and explain why you disagree.
- 2) Send this notice, or a copy, to the address in the "Customer Service Information" box on Page 1.

3) Sign here _____ Phone number () _____